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	in this information										
Dei	btor 1	David E. Lay	rton			-					
	btor 2 buse, if filing)					-					
Uni	ited States Bankrup	otcy Court for the	EASTERN DISTRICT	OF PENNSYLVANIA		_					
Cas	se number 19	-14632				Ch	neck if this is	s:			
(If known)							An amend	An amended filing			
						□			g postpetition		
\bigcirc	fficial Form	1061							nowing date.	•	
	chedule I:						MM / DD/	YYYY		12/15	
sup spo atta	plying correct info use. If you are sep ch a separate she	ormation. If you parated and you	sible. If two married peo are married and not filir r spouse is not filing wi On the top of any addition	ng jointly, and your speth th you, do not include	ouse is inform	living w	ith you, inc out your sp	lude inforn ouse. If mo	nation about ore space is	t your needed,	
1.	Fill in your empl	lovment									
	information.	·-• ,		Debtor 1			Debtor	2 or non-fi	ling spouse		
	If you have more	ate page with	Employment status	■ Employed			☐ Employed				
	information abou		, ,	☐ Not employed			☐ Not employed				
	employers.		Occupation	Sales Aspen Home Imrpovement							
	Include part-time self-employed wo		Employer's name				-				
	Occupation may or homemaker, if		Employer's address	2653 Lititz Pike Lancaster, PA 176							
			How long employed the	nere? <u>1 month</u>							
Pai	rt 2: Give De	etails About Mor	thly Income								
	imate monthly incurse unless you are		ate you file this form. If y	you have nothing to repo	ort for a	ny line, w	rite \$0 in the	e space. Inc	olude your no	n-filing	
•	ou or your non-filing e space, attach a s	•	ore than one employer, co	ombine the information for	or all er	nployers t	for that pers	on on the lii	nes below. If	you need	
						For I	Debtor 1		btor 2 or ing spouse		
2.			ry, and commissions (becalculate what the month)		2.	\$	4,251.43	\$	N/A	-	
3.	Estimate and lis	st monthly overti	ime pay.		3.	+\$	0.00	+\$	N/A	-	
4	Calculate gross	Income Add lin	ne 2 + line 3		4	\$ 4	251 //3	\$	NI/A		

Debt	or 1	David E. Layton	_	C	ase number (if ki	nown)	19-14	1632		
					For Debtor 1			Debtor :		
	Cop	by line 4 here	4.	,	4,251	.43	\$		N/A	<u> </u>
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a	. :	74 4	1.29	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b	. (. ———	0.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.	. :	6	0.00	\$		N/A	
	5d.	Required repayments of retirement fund loans	5d	. (6	0.00	\$		N/A	_
	5e.	Insurance	5e			0.00	\$		N/A	_
	5f.	Domestic support obligations	5f.		. ———	0.00	\$		N/A	_
	5g.	Union dues	5g		. — — —	0.00	—		N/A	_
_	5h.	Other deductions. Specify:	_ 5h		· ——		+ \$		N/A	_
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$		1.29	\$		N/A	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,507	7.14	\$		N/A	<u>.</u>
8.	List 8a.	t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a			0.00	\$		N/A	_
	8b.	Interest and dividends	8b	. ;	§(0.00	\$		N/A	<u>. </u>
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	. (\$ (0.00	\$		N/A	
	8d.	Unemployment compensation	8d	. 9	6	0.00	\$		N/A	<u> </u>
	8e.	Social Security	8e	. :	6	0.00	\$		N/A	<u>. </u>
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.			0.00	\$		N/A	_
	8g.	Pension or retirement income	8g		·	0.00	\$		N/A	_
	8h.	Other monthly income. Specify:	8h	.+ 3	§	0.00	+ \$		N/A	<u>. </u>
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	(0.00	\$		N/A	A
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	3,507.14	+ \$		N/A	= \$	3,507.14
		I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		*-	0,001111	•				0,001111
11.	State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> .								0.00	
12.	Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies								3,507.14	
13.	Do :	you expect an increase or decrease within the year after you file this form No.	?						Combi month	ned ly income
		Yes. Explain: Debtor anticipates receiving employment within	the r	next	6 monts.					

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